

## On ECMO and Ubers

By Hannah Decker

It had been a long week. Our attending smiled wanly as we made evening rounds in the intensive care nursery, saying to nobody in particular, “If we are going to put this baby on ECMO, it would be ideal if it wasn’t in-between the hours of midnight and 4 AM.”

It only took me a few years of residency to learn that hoping to sleep through the night is dangerous – the more strongly you yearn for uninterrupted sleep, the greater the certainty that it won’t happen. So, I was unsurprised when my phone buzzed me awake that night with a text message. “We are going to proceed with ECMO shortly.” I splashed some water on my face and changed out of my pajamas. Despite knowing how dangerous it is to drive while tired, the convenience of taking my own car to the hospital was hard to shake. But, it was the first rotation of a new academic year and I had promised my husband I would be more cautious. I called an Uber, watching instructional videos of ECMO cannulation while I waited for it to arrive. Already dreading rounds the next morning, I tried my best to get a few more minutes of rest en route, but I was unsettled thinking of the baby and his family.

To be honest, I was unsettled by much of my pediatric surgery rotation. If I truly stopped to think about the situation of many of these families who lived in the hospital, caregiving for seriously ill children, it brought me to my knees. During the days, I tried to avoid this line of thinking, busily caring for our large census of children. But at night, my patients’ names and faces swam through my mind. A teenager with a nasogastric tube in for weeks, calmly doing homework in the hospital armchair. A mother, eyes welling up: “Do you really have to do the surgery tomorrow? It is my birthday and I just don’t want anything bad to happen.” A young girl in the pediatric intensive care unit, swollen with steroids, whose skin shredded like wet Kleenex when we placed a central line. A baby who swallowed something not meant to be swallowed. Her grandmother’s face when we told her it meant an emergent operation. A precocious teenager with metastatic disease who wanted to become a doctor like me. A usually stoic fourteen-year-old, immunosuppressed from treatment for cancer, crying big, salty tears after we completed a bedside incision and drainage – from the pain, or perhaps from the unfairness of it all. I have a fourteen-year-old brother. He is usually stoic, too.

When I arrived that night, the neonatal intensive care unit was swarming with activity. Each team member was diligently doing their job, in the middle of the night, to give this little one a shot at what can only be described as a very challenging first day in this world. Our team proceeded with cannulation under the heat lamps of the NICU. Even with loupes on, the beating anatomy seemed impossibly small. Finally, the circuit was connected. The team began to breathe a little easier and, eventually, dissipate. Weary, I called an Uber home. As the car started, I began to doze off. A few minutes into the ride, I was awoken by a question. “Do you work in the children’s hospital?”

I explained that I was a surgical resident working there for the month.

“Do you know any of the pediatric perfusion nurses?”

I was startled by the question, having had just spent all night closely working with them. “Yes, I know some of them. Why?”

He looked at me in the rearview mirror and the words tumbled out as we drove through the sleeping streets. As it turns out, a long time ago, his infant son had been on ECMO for many days. The perfusion nurses were a constant accompaniment at the bedside. He had gotten to know them as they carefully watched and troubleshooted the machine keeping his son alive – and in turn, they had grown to love his son. He smiled as he told me how they had burned a CD of music that the family loved and played it for his son so that he could feel at home, even when his parents couldn't be there.

The man grew quiet, as if deciding to tell me more. “My son died fourteen years ago this month. Every year, for fourteen years, something happens during this season that makes me think of him – remember him. This year, it is you, getting in my car.”

He thanked me for learning how to take care of sick children. I thanked him for sharing the story of his son with me. Soon, the ride was over. I slowly made my way up my stairs and into my bed.

The next morning, back in the NICU, I relayed his words to the perfusion nurses. They remembered him. They had loved, and subsequently mourned, his son all those years ago. His name and face swam in their head, too. They told me their stories over the soft whirring of this ECMO circuit, for this baby, loved by these parents.

These kinds of moments are the ones we carry. The ones when the universe reminds us – even though it is a struggle, and we are exhausted, and our patients break our hearts – why we do what we do. For the life in front of us now. For the faces and names that swim in our heads. For the families of those faces and names who remember.

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